

# **DESIGNATION OF BENEFICIARY**

Form Approved OMB No. 3206-0136

Expires 6/30/90

## WARNING

Federal Employees' Group Life Insurance Program

Read instructions on back of duplicate before filling in this form

INFORMATION CONCERNING THE INS	SURED:						
Name (Last, First, Middle)				Date of Birth (Month, Day, Year)	Social Security N	Social Security Number	
Place an "X" in the appropriate box be	low:			I .	If you are retired	or receiving Federal	
An employee	Retired of for retiren	an applican	nt	Receiving OWCP benefits or an applicant for OWCP benefits		Employees' Compensation, give your "CSA", "CSI", or OWCP claim number.	
Department or agency in which presen	tly employed (if	retired, form	er department d	or agency):	1		
Department or agency	Bureau			Division	Location (City, Sta	Location (City, State and ZIP Code)	
I, the individual identified abo Designations of Beneficiary under Insurance Program heretofore made by beneficiaries named below to receive ACCIDENTAL DEATH INSURANCE du I understand that this Designation INFORMATION CONCERNING THE BE	the Federal in the	Employees' esignate the le f LIFE INSU t my death. will remain	Group Life beneficiary or IRANCE and	effect, with respect to any ar in writing, or until such time "f" on reverse side of duplica invalid for any reason, the r full force and effect. If no distributed according to the (	as it is automaticall te copy). If this desi next prior valid desi such prior form ex	y canceled (see regulation ignation form is determined ignation form will be given ists, the proceeds will be	
Type or Print First Name, Middle Init Name of Each Beneficial		ype or Print Add	dress (Including ZIP Code) ch Beneficiary	Relationship	Share to Be Paid To Each Beneficiary		
For each type of insurance (Basic BAdditional): (1) I hereby direct, u more than one beneficiary is named, predecease me or become disqualifie of the benefits shall be distrib beneficiaries or entirely to the s	Inless otherwise the share of a d for any reaso uted equally survivor: (2)	e indicated a any beneficia on from rece among the Lundersta	above, that if ary who may iving a share e surviving and that this	shall be void if none of the de my death. I hereby specifically reserve of beneficiary at any time with Please Check:	e the right to cancel	or change this designation	
PRINT OR TYPE NAME AND ADDRESS (Including ZIP Code) OF INSURED				I have signed this form in the presence of the <b>two</b> witnesses who have			
				signed below.	p. 00000 00	The managed mile have	
				Neither witness is named	as a beneficiary.		
				If I designated shares to be shares add up to 100%. (	•		
Date of Execution (Month, Day, Year)				Signature of Insured			
WITNESSES TO SIGNATURE (A witnes	s is ineligible to	receive payı	nent as a benef	iciary):			
Signature of Witness		Number and Street			City, State and ZIP Code		
Signature of Witness		Number and	Street		City, State and ZIP Code		
Receiving Agency Date of Receipt Agency Signatu				re	Title		

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS. DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

This Designation of Beneficiary Form is to be used solely for the disposition of proceeds of insurance under the Federal Employees' Group Life Insurance Program and is not to be confused with Standard Form 2808, Designation of Beneficiary, Civil Service Retirement System, Standard Form 3102, Designation of Beneficiary, Federal Employees' Retirement System, or Standard Form 1152, Designation of Repeticiary, Unpaid Compensation of Deceased Civilian

### **Order of Precedence**

If, at the death of the insured, there is no designated beneficiary entitled to all or any part of the insurance, the amount of insurance for which there is no designated beneficiary shall be payable to the person or persons listed below surviving at the date of the insured's death in the

- 1. To the widow or widower.
- If neither of the above, to the child or children, with the share of any deceased child distributed among the descendants of that child.
- 3. If none of the above, to the parents in equal shares or the entire amount to the surviving parent.
- If none of the above, to the executor or administrator of the estate
- If none of the above, to the other next of kin who are entitled under the laws of the domicile of the insured at the date of death

IT IS NOT NECESSARY FOR THE INSURED TO DESIGNATE A BENEFICIARY UNLESS HE OR SHE WISHES PAYMENT TO BE MADE IN A WAY OTHER THAN THE ORDER OF DECEDENCE SHOWN ABOVE

# Regulations

- (a) The Designation of Beneficiary shall be in writing, signed and witnessed by two people, and received in the employing office (or in the Office of Personnel Management, in the case of (1) a retired employee or (2) an employee whose insurance is continued while receiving benefits under the Federal Employees' Compensation Law because of disease or injury and who is held by the Department of
- (b) A change or cancellation of beneficiary in a last will or testament, or in any other document not witnessed and filed as re- quired by these regulations, shall not have any force or
- (c) A witness to a Designation of Beneficiary is ineligible to receive payment as a beneficiary.
- (d) Any person, firm, corporation or legal entity (except an agency of the Federal or District of Columbia Governments) may be named as beneficiary.
- (e) A change of beneficiary may be made at any time and without the knowledge or consent of the previous beneficiary, and this right cannot be waived or restricted.
- (f) A Designation of Beneficiary is automatically canceled 31 days after the employee stops being insured.

(g) If an insured person provides in a valid designation of beneficiary that a designated beneficiary shall be entitled to the proceeds of the insurance only if the beneficiary survives him/her for a period of time (not more than 30 days) as specified by the designator, no right to the insurance shall vest as to such beneficiary during that period. In the event such beneficiary does not survive the specified period, payment of the proceeds of the insurance

### Instructions

- 1. The examples printed on the back of the first page of this form may be helpful to you in filling out this form to name a beneficiary or to cancel a prior Designation of Beneficiary. More than one beneficiary can be designated. Unless you direct otherwise in the Designation, the person(s) named will be considered beneficiary (or beneficiaries) for (both) Basic Life and optional coverages. The total insurance can be divided by showing what share is to be paid to each beneficiary (example 2), or different beneficiaries may be
- Complete this form in duplicate. All entries on the form except signatures should be typed or printed in ink (typewriting preferred).
- It is not necessary to file a new Designation of Beneficiary when the name or address of the insured or the beneficiary is changed.
- 4. This form must be free of erasures or alterations.

**Important:** If you wish to designate a trust as beneficiary, ask your employing office for instructions.

#### Where to File Completed Form

If insured as an employee, file the form with the agency in which employed. If insured as a retired employee or while receiving Federal employees' compensation, file the form with the Office of Personnel Management, Employee Service and Records Center, Validation Section, Boyers, PA 16017. If an application for retirement or compensation is pending, file the form with the agency in which employed if still an insured employee, or with the Office of Personnel Management if no longer an insured employee. The duplicate will be noted and returned as evidence that the original has been received and filed. It is suggested that the duplicate be kept with the SF 2817A (SF 2817B for Postal Employees), the Federal Employees' Group Life

## **Privacy Act Statement**

Title 5, U.S. Code, Chapter 87, Life Insurance, authorizes solici- tation of this information. The data you furnish will be used to de- termine your beneficiary(ies) for your life insurance and accidental death insurance. This information will be shared with the Office of Federal Employees' Group Life Insurance in the event of your death. It will also be shared with the Office of Personnel Manage- ment and be placed in your Official Personnel Folder. This infor- mation may be shared with other Federal agencies or Congres- sional offices which have a need to know it in connection with your application for a job. license, grant or other benefit. It may also be shared with

benefits under their programs. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared with appropriate Federal, state or local law enforcement agencies. Executive Order 9397 (November 22, 1943) authorizes use of the social security number. While the law does not require you to supply all the information requested on this form, it may not be possible to process your Designation of Beneficiary if you fail to do so. Agencies other than the Office of Personnel Management may have further routine uses for the disclosure of information from the records systems in which they file copies of this form and they should